

# Dino Camp Registration 2024

**Missouri Institute of Natural Science**

**2327 W. Farm Road 190, Springfield MO 65810**

**Questions? Email [info@monatsci.org](mailto:info@monatsci.org)**

Campers Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of parents living with child: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in School this Fall: \_\_\_\_\_

Gender: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ **YOUTH or ADULT**

Has your child attended Dino Camp in previously? YES or NO If yes, which years? \_\_\_\_\_

## **Camp Session Attending (Please Check ONE)**

- July 8<sup>th</sup> through 12<sup>th</sup> (Finished 1<sup>st</sup> or 2<sup>nd</sup> grade) 9am to noon.
- July 15<sup>th</sup> through 19<sup>st</sup> (Finished 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup> grade) 9am to noon.

Cost is **\$150 per session**. A **\$25 non-refundable deposit** is required to ensure a spot on the camp roster.

Total amount enclosed: \$ \_\_\_\_\_

Allergies or Physical Concerns: \_\_\_\_\_

**In the event of an emergency, please provide TWO additional emergency contacts if you are unable to be reached.**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the undersigned parent/guardian of this minor child, give permission for this child to participate in Dino Camp. I give permission for my child's picture to be taken to be used on the museum's website or in museum publications. I hereby give permission for the adult bearer of this original document, or a photocopy thereof, to give consent for emergency medical treatment to my child by a licensed physician.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_